Case 09-29760

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B22A (Official Form 22A) (Chapter 7) (12/08)

In re	Lawrence D Christensen Jelaire Christensen
	Debtor(s)
Case N	Tumber:
	(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

 \square The presumption arises.

 \blacksquare The presumption does not arise.

 \square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Arme Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	 a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; 					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION									
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
	a. \square Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.									
2	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of per "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income for Lines 3-11.									
	 c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") 							above. Complete both Column A		
								'Snouse's Income'') for Lines 3-11.		
	All figures must reflect average monthly income re	ceiv	ed from all sou	irces,	, derived during the s		Column A	Column B		
	calendar months prior to filing the bankruptcy case									
	the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a			nths,	you must divide the		Debtor's Income	Spouse's Income		
3	Gross wages, salary, tips, bonuses, overtime, cor	nmi	ssions.			\$,	\$		
	Income from the operation of a business, profess					ıd				
	enter the difference in the appropriate column(s) of									
	business, profession or farm, enter aggregate numb not enter a number less than zero. Do not include									
4	Line b as a deduction in Part V.	uny	part of the be	a)	ss expenses entered					
7			Debtor		Spouse					
	a. Gross receipts	\$			\$					
	b. Ordinary and necessary business expenses	\$			\$	_				
	c. Business income		btract Line b fr			\$		\$		
	Rents and other real property income. Subtract									
	the appropriate column(s) of Line 5. Do not enter					7				
5	part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse									
3	a. Gross receipts	\$	Debioi		\$	-11				
	b. Ordinary and necessary operating expenses	\$			\$					
	c. Rent and other real property income	Su	btract Line b fr	om I	Line a	$-$ $_{\$}$	ı	\$		
6	Interest, dividends, and royalties.					\$		\$		
7	Pension and retirement income.					\$		\$		
	Any amounts paid by another person or entity, o	on a	regular basis,	for	the household					
8	expenses of the debtor or the debtor's dependents, including child support paid for that									
Ü	purpose. Do not include alimony or separate maintenance payments or amounts paid by your							Φ.		
	spouse if Column B is completed.	: 41.		1	(-) -fI:0	\$		\$		
	Unemployment compensation. Enter the amount in However, if you contend that unemployment comp					а				
	benefit under the Social Security Act, do not list the amount of such compensation in Column A									
9	or B, but instead state the amount in the space belo	w:		_						
	Unemployment compensation claimed to									
	be a benefit under the Social Security Act Debto	r \$		Spo	ouse \$	\$	ı	\$		
	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or									
10	domestic terrorism.									
	·		Debtor		Spouse	\neg				
	a.	\$			\$					
	b.	\$			\$	_][
	Total and enter on Line 10							\$		
1.1	Subtotal of Current Monthly Income for § 707(k	b)(7	Add Lines 3	thru	10 in Column A. and	\$, if				
11	Column B is completed, add Lines 3 through 10 in					\$		\$		

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.						
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$					
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$					
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
15	☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

	Part IV. CALCULATION OF CUR	RENT	MONTHI V INCON	/F FOR 8 707(b)((2)	
16	Enter the amount from Line 12.		WONTHET INCOM	1L TOK § 707(b)(\(\frac{1}{\\$}\)	
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
-,	a. b. c. d. Total and enter on Line 17		\$ \$ \$ \$		\$	
18	Current monthly income for § 707(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$	
19A	Subpart A: Deductions under Sta National Standards: food, clothing and other items. E Standards for Food, Clothing and Other Items for the ap	Enter in l plicable	Line 19A the "Total" amour	t from IRS National	\$	
19B	www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Household members under 65 years of age		isehold members 65 years	of age or older		
	a1. Allowance per member b1. Number of members c1. Subtotal	b2. c2.	Allowance per member Number of members Subtotal		\$	
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).					

20B	Local Standards: housing and utilities; mortgage/rent expense. E Housing and Utilities Standards; mortgage/rent expense for your cou available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by your home, as stated in I the result in Line 20B. Do not enter an amount less than zero.					
	a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your	\$				
	home, if any, as stated in Line 42	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you conten 20B does not accurately compute the allowance to which you are ent Standards, enter any additional amount to which you contend you are contention in the space below:	\$				
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensional description of the control	of whether you pay the expenses of operating a				
22A	included as a contribution to your household expenses in Line 8.					
2211	☐ 0 ☐ 1 ☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	\$				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42: subtract Line b from Line a and enter					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					

27	Other Necessary Expenses: life insurance. Enter total average me life insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.					
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
30	Other Necessary Expenses: childcare. Enter the total average mo childcare - such as baby-sitting, day care, nursery and preschool. Do		\$ \$			
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by					
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as					
33	Total Expenses Allowed under IRS Standards. Enter the total of	Lines 19 through 32.	\$			
	Subpart B: Additional Livir	ng Expense Deductions	•			
	Note: Do not include any expenses that					
	Health Insurance, Disability Insurance, and Health Savings Acc the categories set out in lines a-c below that are reasonably necessar dependents.					
34	a. Health Insurance \$					
	b. Disability Insurance \$					
	c. Health Savings Account \$		\$			
	Total and enter on Line 34.					
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:					
	\$					
35	Continued contributions to the care of household or family mem expenses that you will continue to pay for the reasonable and necessill, or disabled member of your household or member of your imme					
	expenses.	\$				
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case					
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary					

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.							
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).							
41	Tota	l Additional Expense Deductions	s under § 707(b). Enter the total of L	ines	s 34 through 40		\$	
		St	ubpart C: Deductions for De	bt l	Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.							
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$		□yes □no		
			any of debts listed in Line 42 are sec		Total: Add Lines		\$	
43	moto your paym sums the fo	\$						
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.							
			If you are eligible to file a case under the amount in line b, and enter the res					
45	a. b.	issued by the Executive Office	trict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	\$ x To	otal: Multiply Line	es a and b	\$	
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.							
		Su	ibpart D: Total Deductions f	ron	n Income			
47	Total	l of all deductions allowed under	§ 707(b)(2). Enter the total of Lines	33,	41, and 46.		\$	
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION								
48	Ente	r the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)))			\$	
49	Ente	r the amount from Line 47 (Tota	d of all deductions allowed under §	707	(b)(2))		\$	
50	Mon	thly disposable income under § 7	707(b)(2). Subtract Line 49 from Line	48	and enter the resu	lt.	\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.							

Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. 52 ☐ The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. ☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55). 53 Enter the amount of your total non-priority unsecured debt 54 Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. **Secondary presumption determination.** Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. 55 ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. **Expense Description** Monthly Amount 56 b. \$ \$ d. \$ Total: Add Lines a, b, c, and d \$ Part VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) **September 10, 2009** Signature: /s/ Lawrence D Christensen Date: Lawrence D Christensen (Debtor) 57 **September 10, 2009** /s/ Jelaire Christensen Date: Signature Jelaire Christensen

(Joint Debtor, if any)